

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>A.A.</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>May</i>	Day <i>12</i>	Age <i>67</i>	Years	Months <i>4</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Annapolis</i>				
Occupation <i>Machinist</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Elizabeth Button</i>						
Father's Name <i>John. Button</i>	Father's Birthplace <i>France</i>						
Mother's Maiden Name <i>Sarah. Hells</i>	Mother's Birthplace <i>Annapolis</i>						
Name of person giving information <i>D. J. Rehn</i>	How related to deceased <i>Sister</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>Six days</i>
Immediate <i>Exhaustion</i>	How long <i>Six days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Ego. Weller</i>
<i>Yes</i>	Address <i>Annapolis, Maryland</i>
Accident or Suicide? <i>No</i>	

7

Name
in
Full

Chalmers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumaspolis</i> ^{Town}		County		MARYLAND	
Date of death <i>1908</i>	Month <i>May</i>	Day <i>30</i>	Age <i>th</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>83 Collage Ave</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Jr H. Chalmers</i>			Father's Birthplace <i>Scotland</i>		
Mother's Maiden Name <i>Lillie Doyce</i>			Mother's Birthplace <i>Shaff</i>		
Name of person giving information <i>Jr Chalmers</i>			How related to deceased <i>Father & Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born S.</i>	How long	<i>—</i>
Immediate		How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Dr. Clement Charles M.D.</i>
		Address	<i>732 John St Annapolis, Md.</i>
Accident or Suicide?	<i>—</i>		

2

Name
in
Full

Ann Elizabeth Daily

CERTIFICATE OF DEATH

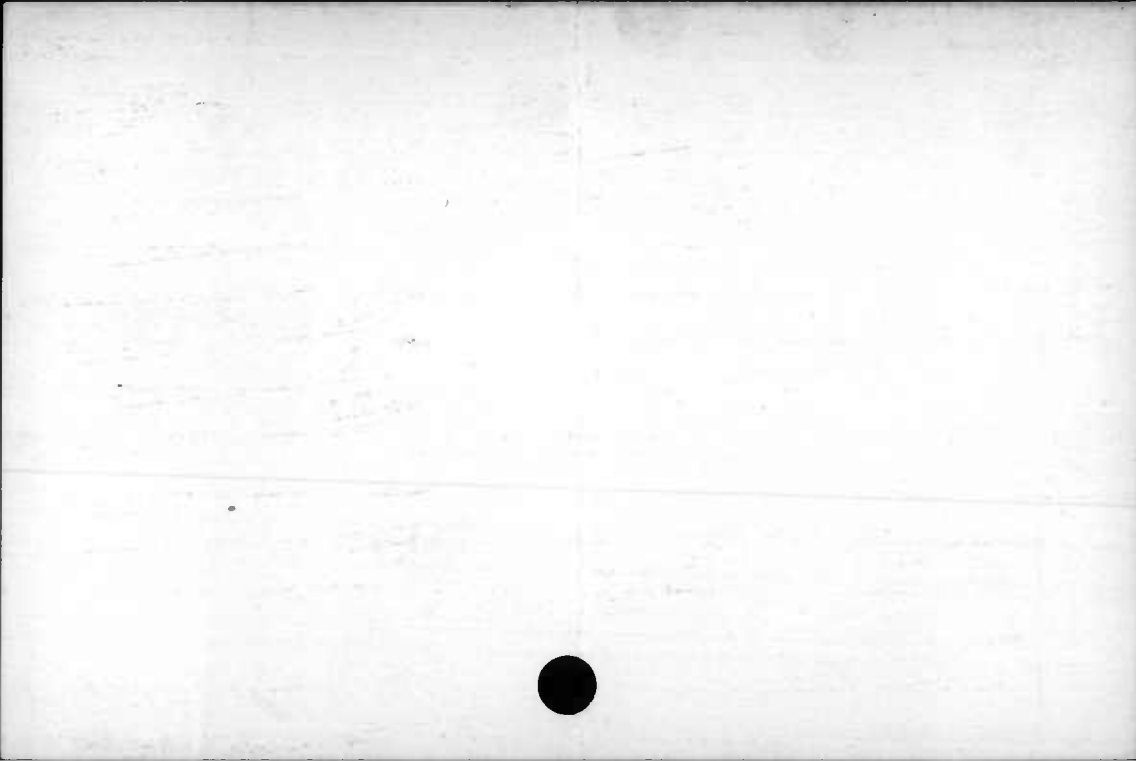
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Harmons ^{County} Anne Arundel		MARYLAND	
Date of death	1905	Month	May
	Day	12	Age
	Years	2	Months
			Days
Sex	Female	Color or Race	Colored
Birth-place	H. H. Co Md		
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Benjamin E. Daily		Father's Birthplace
Mother's Maiden Name	Henrietta Henrietta Harris		Mother's Birthplace
Name of person giving information	Benjamin E. Daily		How related to deceased
	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	9 days
Immediate	Exhaustion	How long	1 day
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E R Wmerson
		Address	Elkridge Md
Accident or Suicide?			



Name
in
Full

Sernaldsen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Yglehart ^{Town} Amuluncle ^{County}

Date of death 1905 ^{Month} May ^{Day} 16 ^{Age} 19 ^{Years} 19 ^{Months} 19 ^{Days}

Sex Male Color or Race White Birth-place A.A. Co.

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

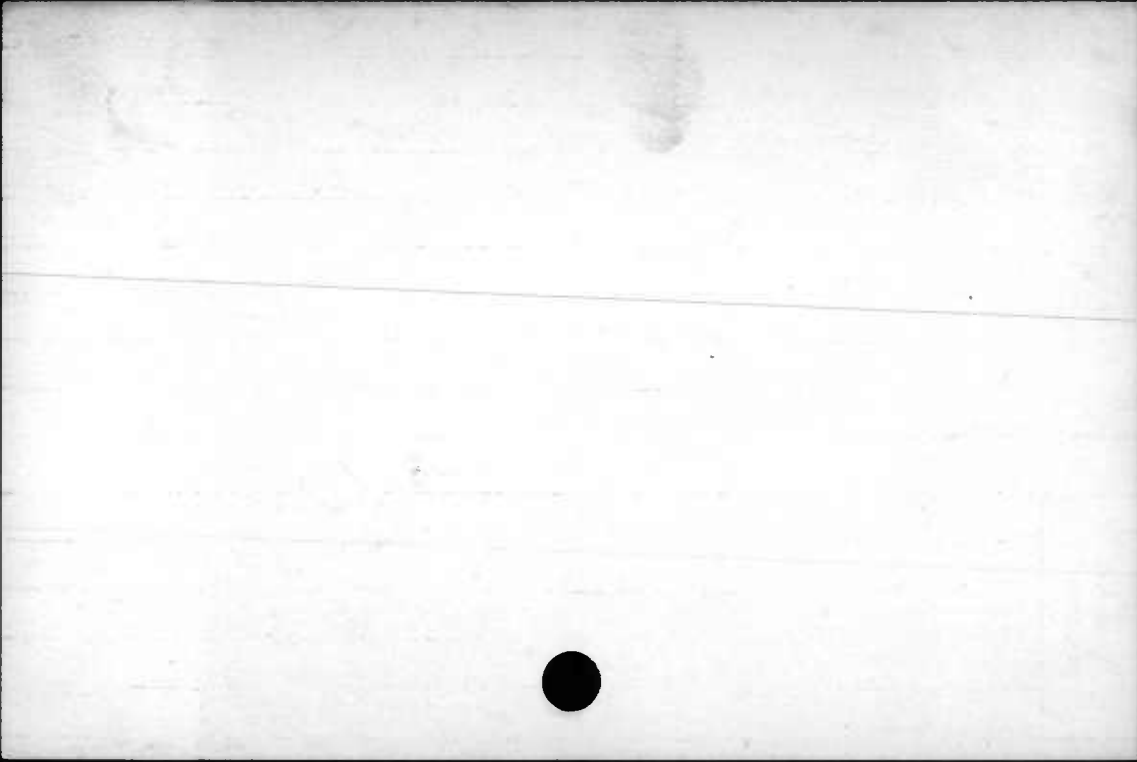
Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

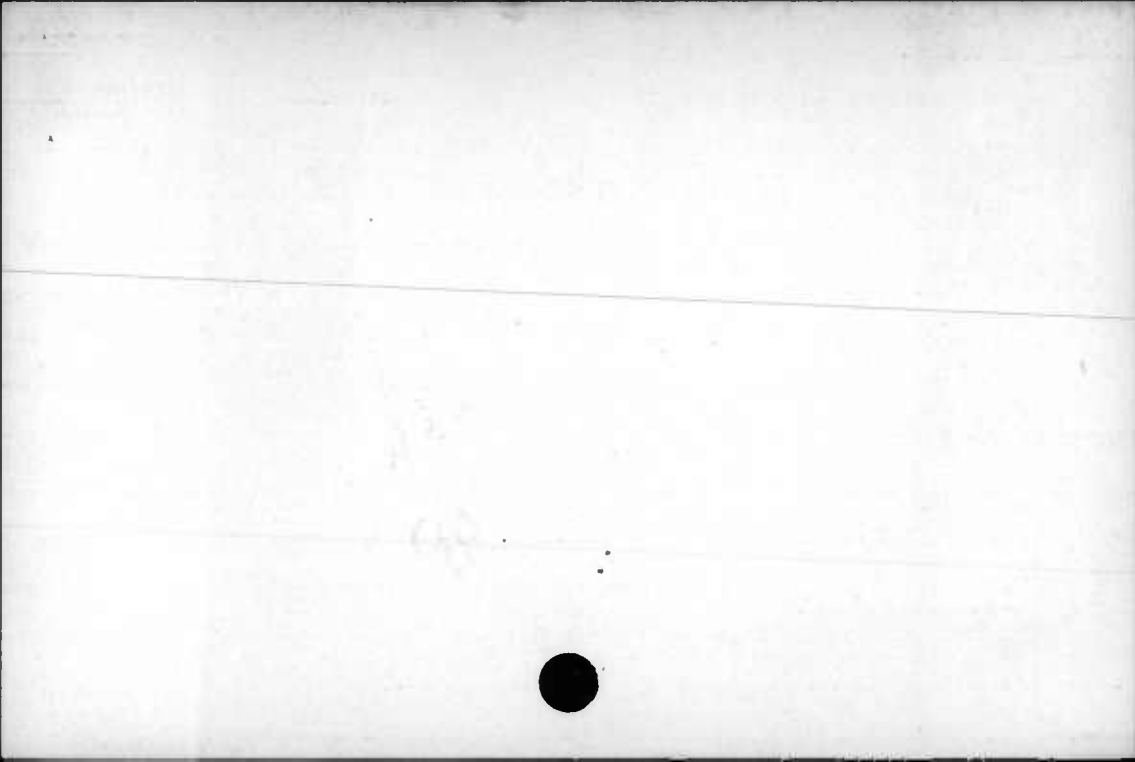
Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full		Sarah Forrester				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Churchton ^{Town}		A A ^{County}		MARYLAND			
		Date of death		1905	Month	May	Day	28	Age	75	
		Sex		Female		Color or Race		Colored		Birth-place	Ind
		Occupation				Where Residing if not at place of death					
		Married, Single or Widowed				Name of Wife or Husband					
		Father's Name				Father's Birthplace					
PHYSICIAN OR CORONER		Mother's Maiden Name				Mother's Birthplace					
		Name of person giving information				How related to deceased					
		John Smother				Friend					
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary		Angina Pectoris		How long		2 years			
		Immediate		Angina Pectoris		How long		—			
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Geo. T. Lusk			
						Address		Churchton			
		Accident or Suicide?									



Name
in
Full

Pearl Grant

CERTIFICATE OF DEATH

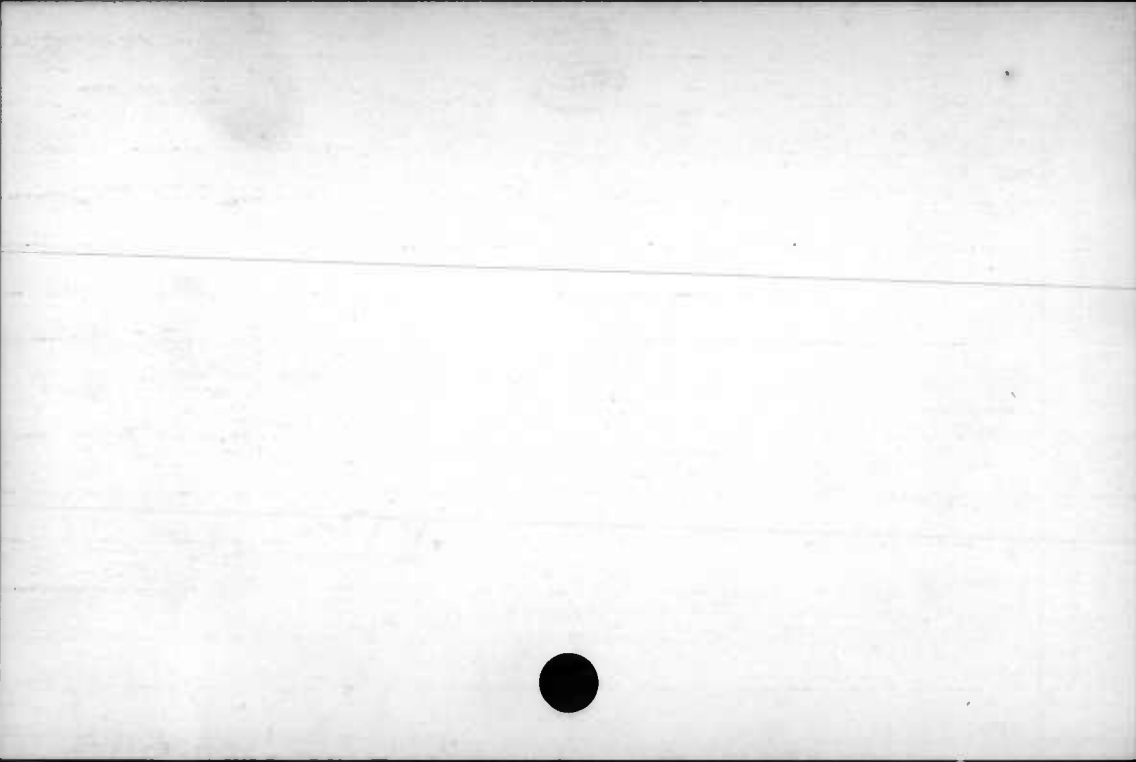
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Paluxy</i>		Town <i>Paluxy</i>		County <i>Anne Arundel</i>		State <i>MARYLAND</i>	
Date of death	<i>1905</i>	Month <i>May</i>	Day <i>20</i>	Years <i>14</i>	Age	Months	Days
Sex <i>female</i>	Color or Race <i>African</i>		Birth-place <i>Odenton</i>				
Occupation <i>School girl</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>single</i>	Name of Wife or Husband						
Father's Name <i>Robert Grant</i>	Father's Birthplace <i>Woodland NC</i>						
Mother's Maiden Name <i>Emma Lounds</i>	Mother's Birthplace <i>Odenton MD</i>						
Name of person giving information <i>Robert Grant</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>3 years</i>
Immediate <i>Dropsey</i>	How long <i>6 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. W. Dubois MD</i>
	Address <i>Gambelle MD</i>
Accident or Suicide?	



Name
in
Full

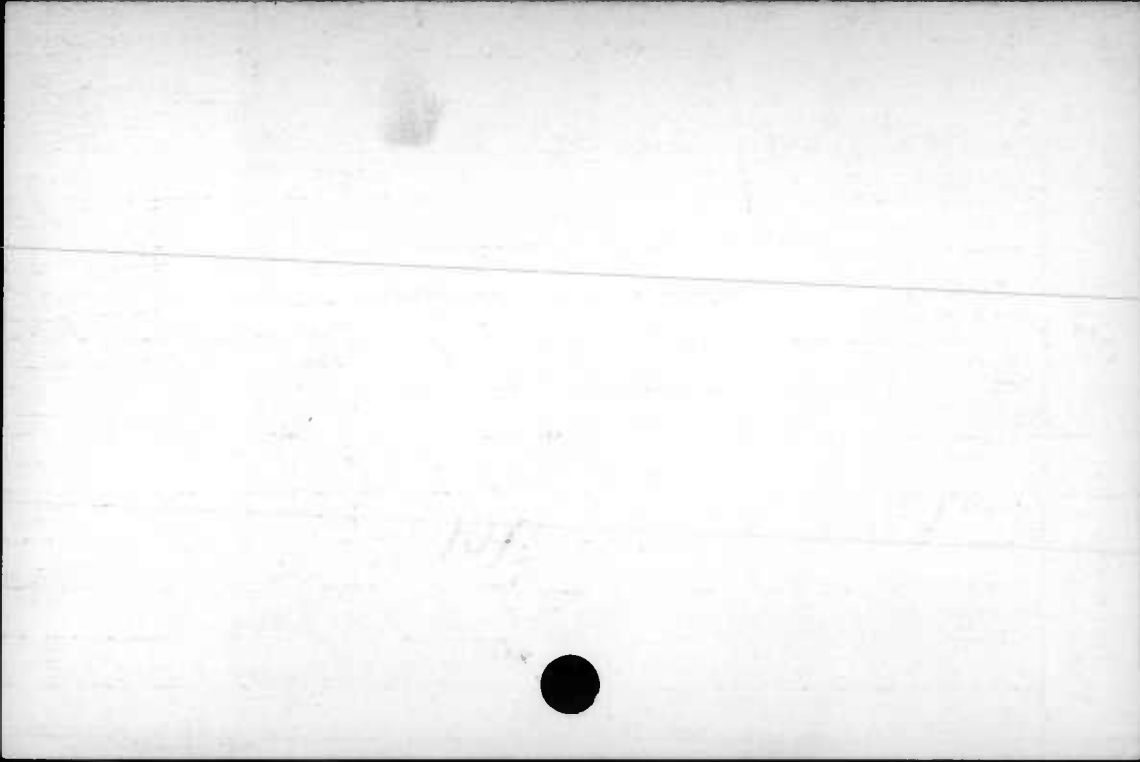
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	<i>May</i> ^{Month}	<i>8</i> ^{Day}	<i>—</i> ^{Years}	<i>—</i> ^{Months} <i>at birth</i> ^{Days}
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>—</i>		Birth-place	<i>Annapolis</i>	
Where Residing if not at place of death			<i>—</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>Louis Harwood Green</i>		
Mother's Maiden Name			<i>Pearl Jackson</i>		
Name of person giving information			<i>George F. Quaid</i>		
Father's Birthplace			<i>Anne Arundel</i>		
Mother's Birthplace			<i>Annapolis</i>		
How related to deceased			<i>Brother-in-Law</i>		

CAUSES OF DEATH

Primary	<i>Asphyxia Pallida</i>	How long	<i>—</i>
Immediate	<i>..</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes.</i>	
Signature of Physician		<i>J. Oliver Purvis, M.D.</i>	
Address		<i>Annapolis, Ind.</i>	
Accident or Suicide?		<i>No.</i>	



Name
in
Full

Bertha Haas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Parole* ^{Town}*Anni Amme* ^{County}

MARYLAND

Date of death *1905* ^{Month} *May*^{Day} *29*^{Years} *2* ^{Age} *2*^{Months} *9*^{Days}Sex *Female*Color or Race *B.*Birth-place *C. G. Co. Md*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Thomas Hall*Father's
Birthplace*C. G. Co. Md*Mother's
Maiden Name*Hester Butler*Mother's
Birthplace*C. G. Co. Md*Name of person giving
In formation*Mrs. Haas*How related
to deceased*Sister*

CAUSES OF DEATH

Primary

*Burns,
Shock*

How long

9 hrs -

Immediate

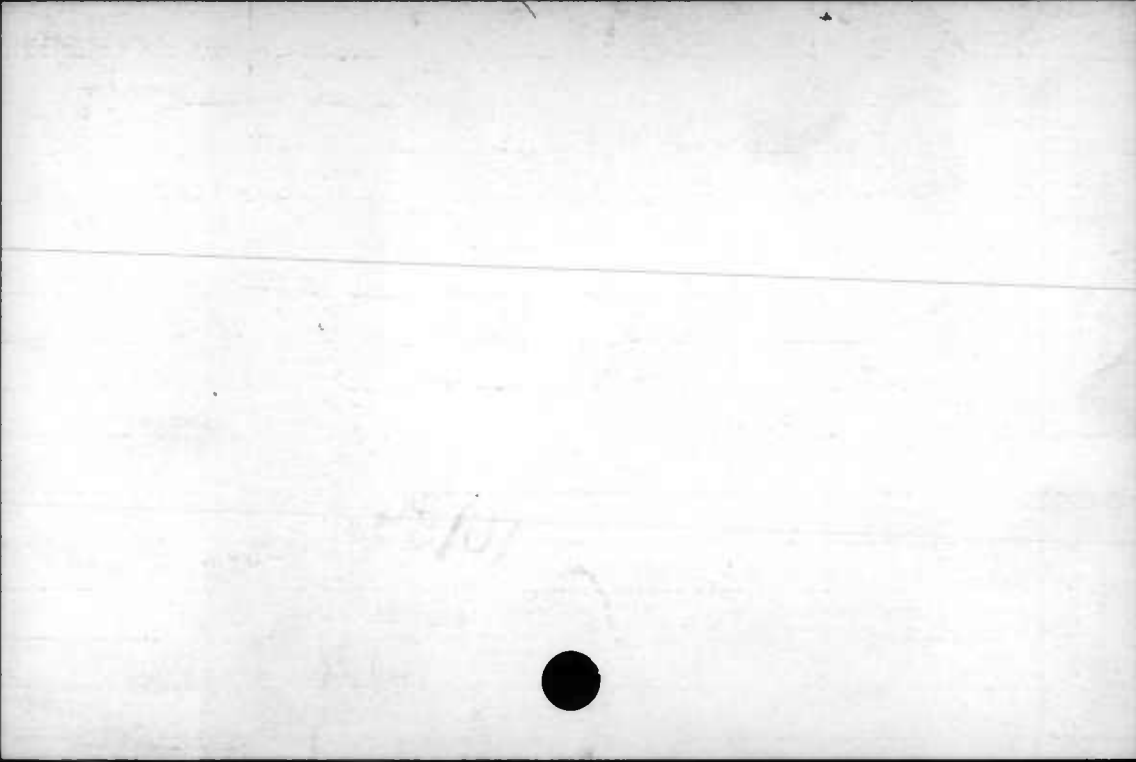
How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*A. B. Gant*

Address

Milwaukee

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary E. Hayden</i>		Town <i>Annapolis</i>		County <i>A.A.G.</i>		MARYLAND									
Died at		Date of death <i>1905</i>		Month <i>May</i>		Day <i>9</i>		Age <i>78</i>		Years <i>88</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth- place <i>U.S.A.</i>											
Occupation <i>House Wife</i>				Where Residing if not at place of death											
Married, Single or Widowed <i>Widow</i>				Name of Wife Husband <i>Geo. Hayden</i>											
Father's Name <i>—</i>				Father's Birthplace <i>—</i>											
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>											
Name of person giving In formation <i>John R. Lydner</i>				How related to deceased <i>Brother Son</i>											

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senility</i>		How long <i>154</i>	
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>Geo. Wells, M.D.</i>	
		Address <i>Annapolis</i>	
Accident or Suicide? <i>—</i>			

h

Name
in
Full

Halley

CERTIFICATE OF DEATH

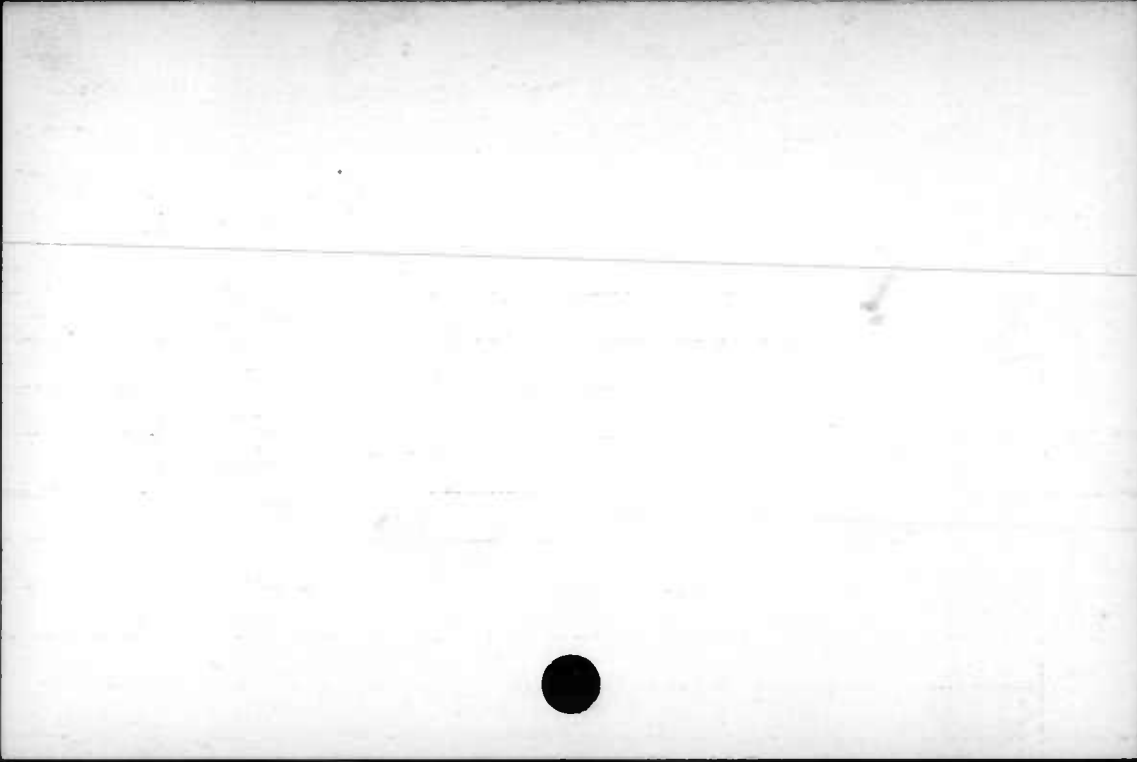
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> ^{Town}		<u>Anne Amund</u> ^{County}		MARYLAND	
Date of death	<u>1905</u> ^{Month}	<u>May</u> ^{Day}	<u>15</u> th	Age	<u>Still born</u> ^{Months}
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Annapolis</u>
Occupation	<u>Infant</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>—</u>			
Father's Name	<u>John B. Hallway</u>			Father's Birthplace	<u>Annapolis</u>
Mother's Maiden Name	<u>Sarah A. King</u>			Mother's Birthplace	<u>Annapolis</u>
Name of person giving information	<u>Father</u>			How related to deceased	<u>Annapolis</u>

CAUSES OF DEATH

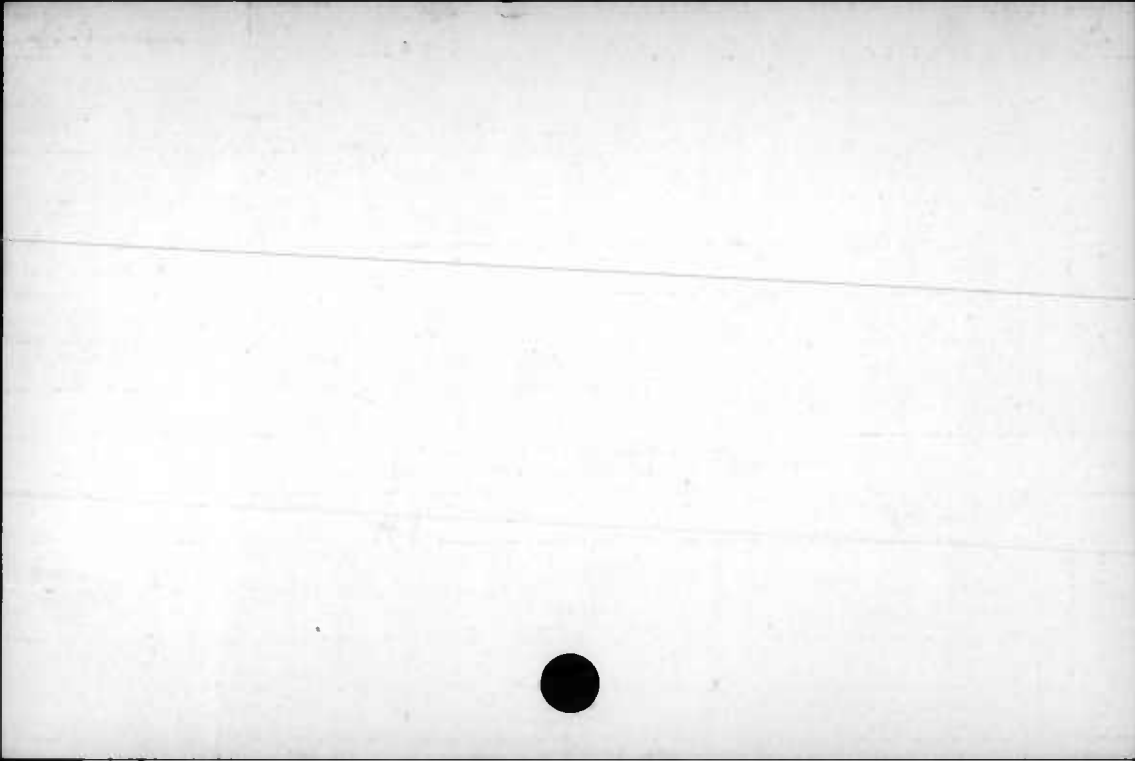
PHYSICIAN
OR CORONER

Primary	<u>Still born</u>	How long	<u>8</u>
Immediate	<u>—</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>W. A. Chamberlain</u>
		Address	<u>Annapolis</u>
Accident or Suicide?	<u>—</u>		<u>—</u>



TO BE ANSWERED BY NEAREST FRIEND	Name in Full		Ignatius Jensen				CERTIFICATE OF DEATH	
	Died at		Churchton		Town		A A County	
	Date of death		1905		May		Age 60	
	Sex		Male		Color or Race		Colored	
	Occupation		Farm Laborer		Where Residing if not at place of death		Howard Co. Md	
	Married, Single or Widowed		Married		Name of Wife or Husband		Sarah Frazier	
	Father's Name		—		Father's Birthplace		—	
	Mother's Maiden Name		—		Mother's Birthplace		—	
Name of person giving information		—		How related to deceased		—		

PHYSICIAN OR CORONER	CAUSES OF DEATH		Primary		Cerebral Effusion		How long		—	
	Immediate		Cerebral Effusion		How long		—		—	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Yes. T. Smith		—	
	Address		Churchton		—		—		—	
	Accident or Suicide?		—		—		—		—	



Name
in
Full

Sue Born Child

Johnson

not in use

CERTIFICATE OF DEATH

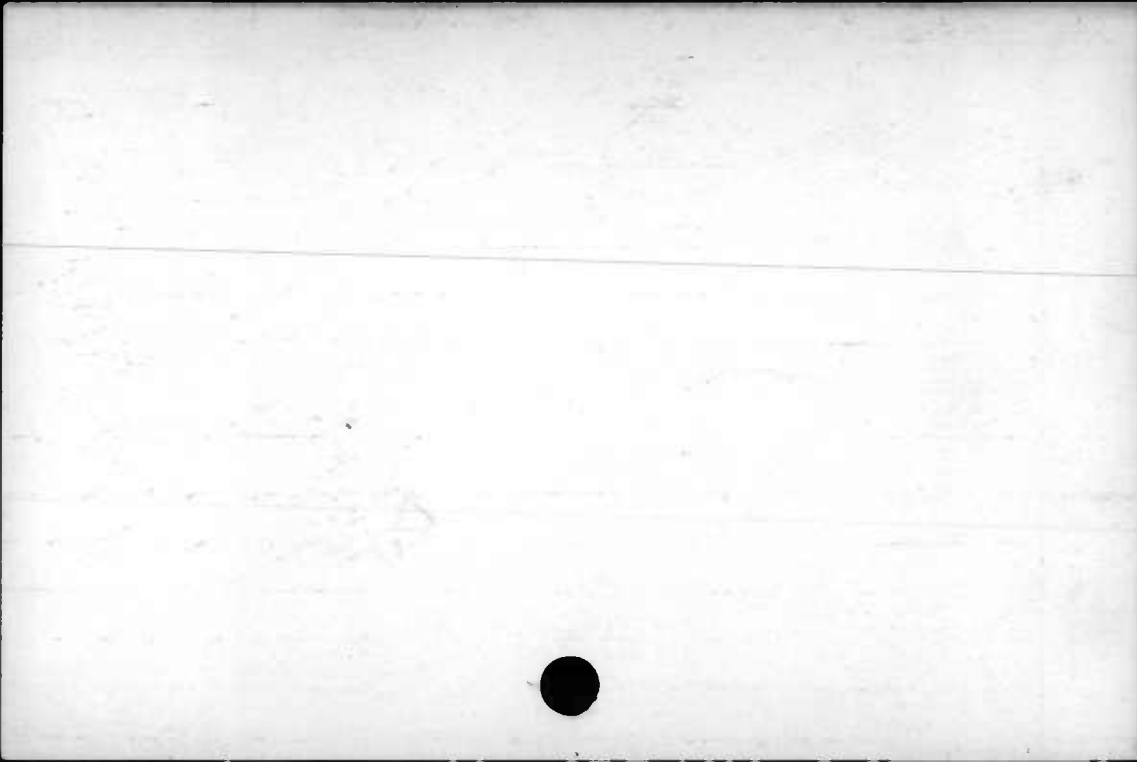
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Birdsville</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND	
Date of death <u>1905</u>	<u>May</u> ^{Month}	<u>7</u> ^{Day}	Age	Years	Months
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>AA County</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>Not known</u>			Father's Birthplace <u>AA Co</u>		
Mother's Maiden Name <u>Isabella Johnson</u>			Mother's Birthplace <u>AA Co</u>		
Name of person giving information <u>Albert Johnson</u>			How related to deceased <u>Grandfather</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Not known</u>	How long
Immediate	<u>Not known</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Maclean Cawood MD</u>	
	Address <u>West River Ind</u>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

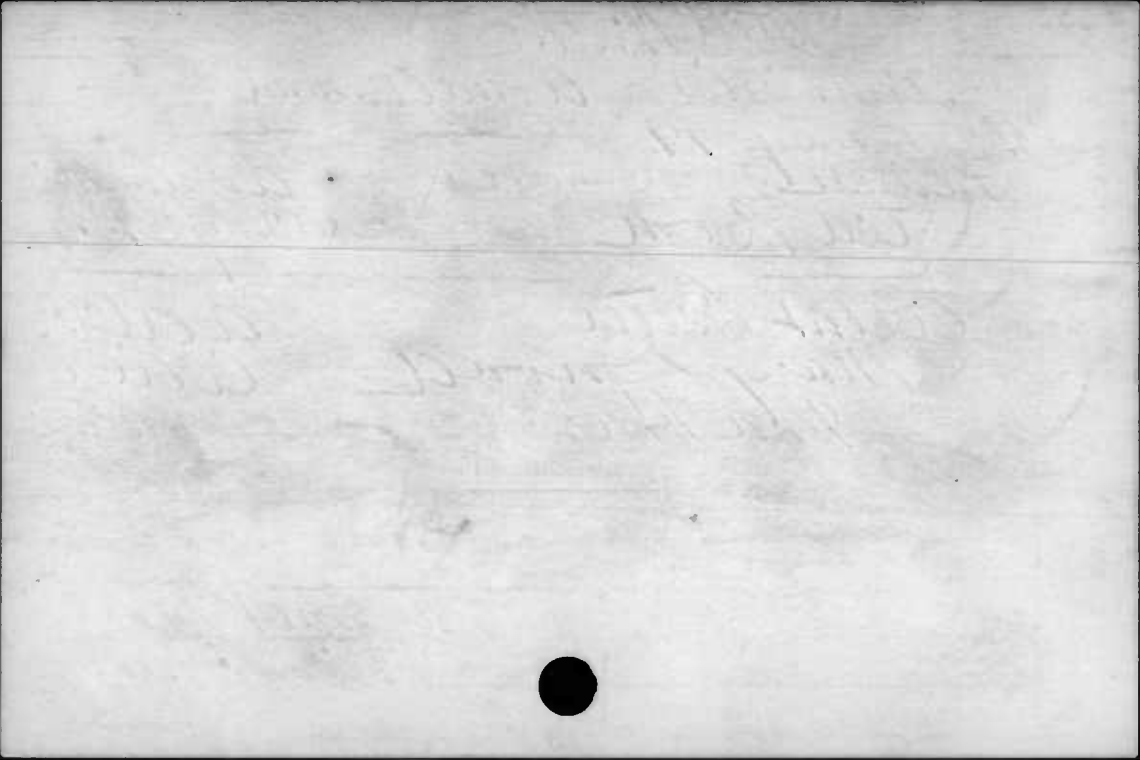
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annaboth's</i>		Town <i>Annaboth's</i>		County <i>Armstrong</i>		State <i>MARYLAND</i>	
Date of death <i>1905</i>		Month <i>May</i>	Day <i>18</i>	Age <i>18</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Annaboth's</i>			
Occupation <i>Still Born</i>				Where Residing if not at place of death <i>28 Clay St.</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Albert Little</i>		Father's Birthplace <i>Calo.</i>					
Mother's Maiden Name <i>Mary Small</i>		Mother's Birthplace <i>Calo</i>					
Name of person giving information <i>Ida Harrod</i>		How related to deceased <i>Stepmother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still born</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Martha Price</i>
	Address <i>Midwife</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

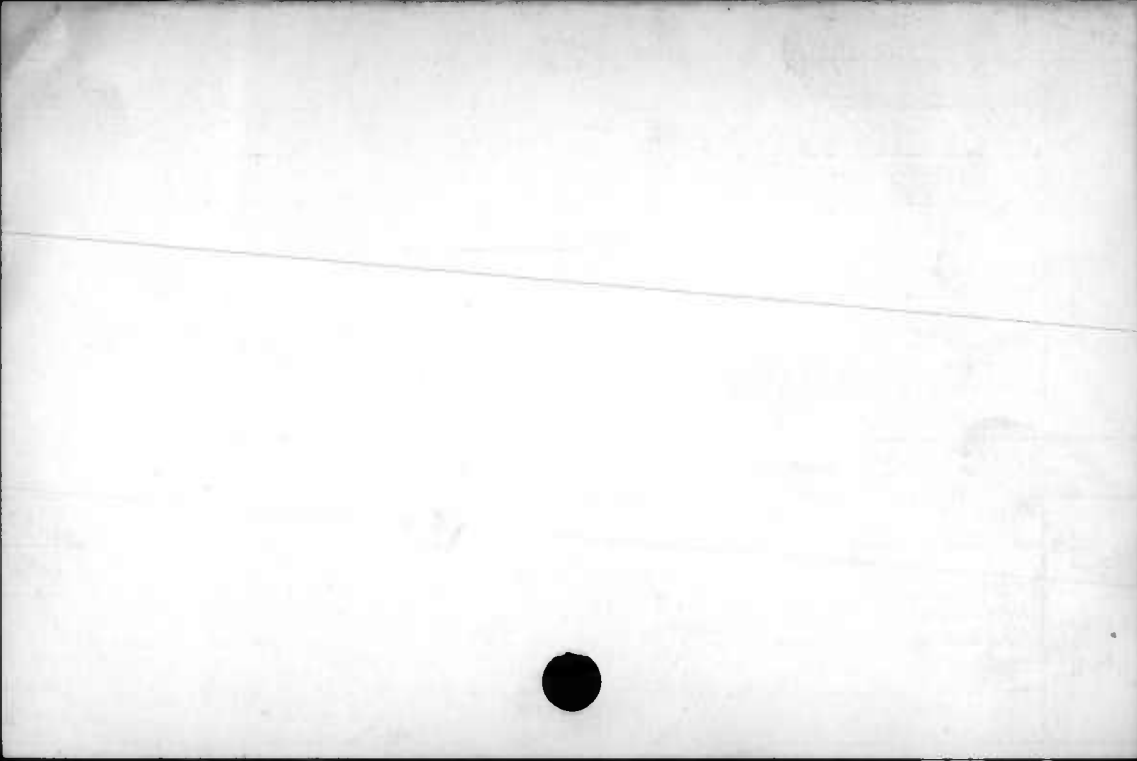
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chestertown</i> <i>Norfolk</i> County		A. A. -		MARYLAND	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>4</i>	Age <i>-</i>	Years <i>-</i>	Months <i>-</i> Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>A. A. Co. Md.</i>			
Occupation <i>-</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>-</i>			Name of Wife or Husband <i>-</i>		
Father's Name <i>Las Albert Norfolk</i>			Father's Birthplace <i>A. A. Co.</i>		
Mother's Maiden Name <i>Margaret P. Hatch</i>			Mother's Birthplace <i>A. A. Co.</i>		
Name of person giving Information <i>Bay. Carr</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature birth</i>	How long <i>151</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. W. Bryan</i>
	Address <i>Wilmington</i>
Accident or Suicide? <i>-</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George W Peters

Town *Lothian* County *a a*

Died at *Lothian*

Date of death *1905 May 21* Age *40* Months *—* Days *—*

Sex *male* Color or Race *color* Birth-place *md*

Occupation *farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *—*

Father's Name *Mother Peters* Father's Birthplace *md*

Mother's Maiden Name *Unknown* Mother's Birthplace *—*

Name of person giving information *Chas Peters* How related to deceased *—*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Paraplegia* How long *10 months*

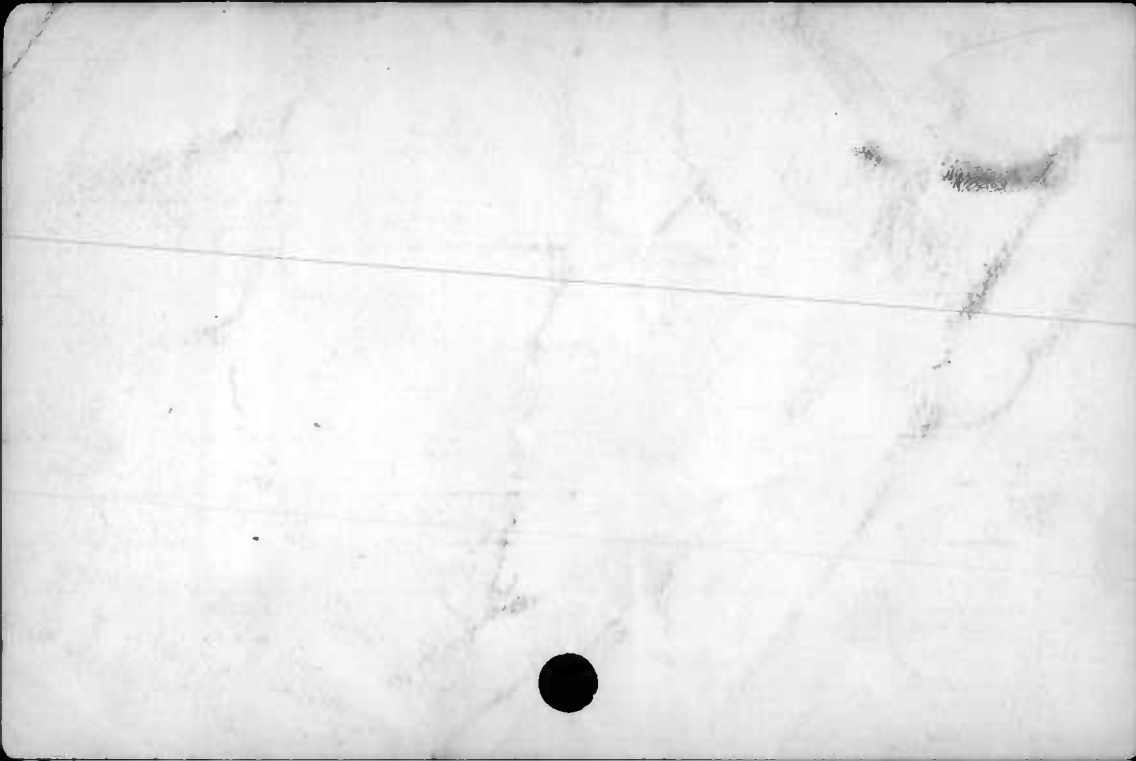
Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Harlan C. Wood*

Address *West River Md*

Accident or Suicide? *—*



Name
in
Full

Bathome Skull Rodgers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Leah Port 2nd* ^{County} *Anne Arundel*Date of death ^{Month} *May* ^{Day} *21* ^{Years} *42* ^{Months} *—* ^{Days} *—*Sex *Female* Color or Race *white* Birth-place *Annapolis*Occupation *Housewife* Where Residing if not at place of death *—*Married, Single or Widowed *Married* Name of Wife or Husband *J. O. Rodgers*Father's Name *Wm. Holliday, Jr.* Father's Birthplace *Annapolis*Mother's Maiden Name *Sarah J. Hawk* Mother's Birthplace *Balto Co*Name of person giving information *Sarah J. Holliday, Jr.* How related to deceased *Mother*

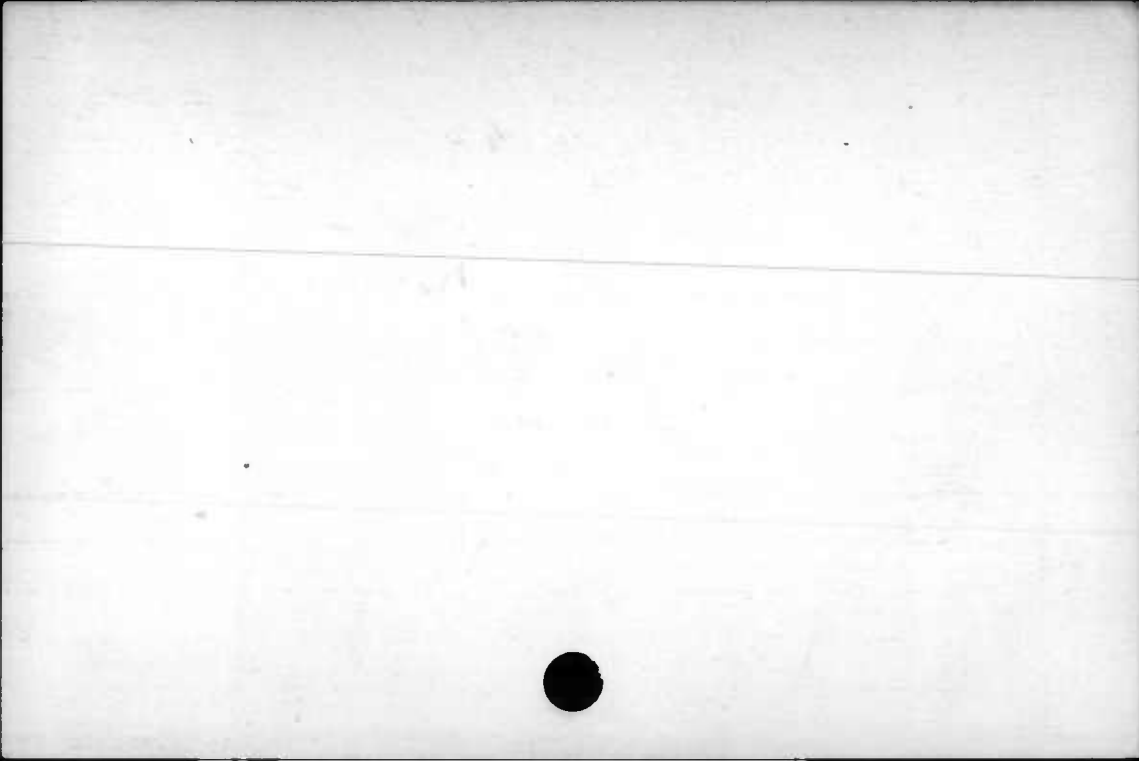
CAUSES OF DEATH

Primary *Erysipelas* How long *2 weeks*Immediate *Exhaustion*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Geo Wells M.D.*Address *Annapolis Md*

Accident or Suicide?




Name
in
Full

Sarah E. Sanders

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>AAE</i>	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>12</i>	Age <i>40</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Annapolis</i>		
Occupation <i>Domestic</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>L. J. Sanders</i>					Father's Birthplace
Mother's Maiden Name <i>M. E. Hever</i>					Mother's Birthplace
Name of person giving information <i>Catherine Sanders</i>					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of Lungs</i>	How long <i>About one year</i>
Immediate <i>Asthenia & Inanition</i>	How long <i>Several months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Probably</i>	Signature of Physician <i>F. H. Thompson M.D.</i>
	Address <i>Annapolis, Md.</i>
Accident or Suicide?	

2



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *James F. Smith* Town *Shady Side* County *A. A.*

Died at *Shady Side*

Date of death *1905* Month *May* Day *20* Age *70* Years Months *—* Days *9*

Sex *Male* Color or Race *White* Birth-place *A. A. Co. Md.*

Occupation *Physician* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Katie Smith*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *—* How related to deceased *—*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

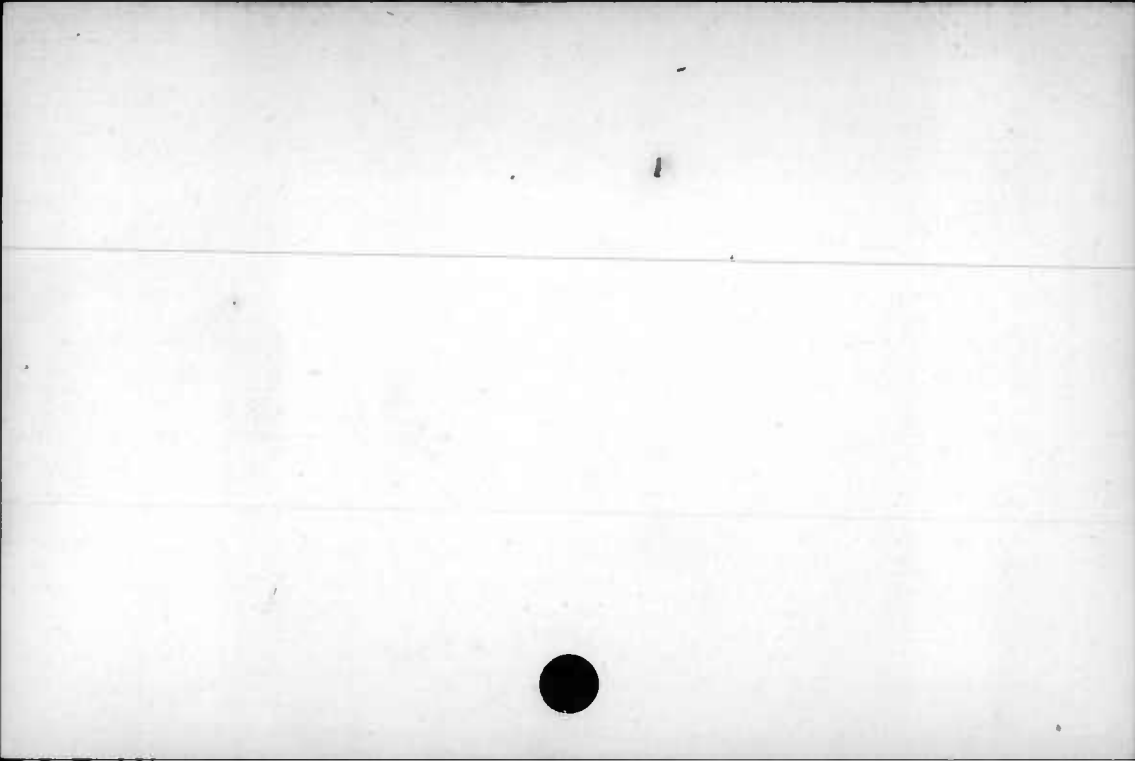
Primary *Valvular Disease of Heart* How long *2 years*

Immediate *Pulmonary Edema* How long *48 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Geo. L. Smith,*

Address *Churchton,*

Accident or Suicide? *—*



Name
in
Full

Tilman Smith

CERTIFICATE OF DEATH

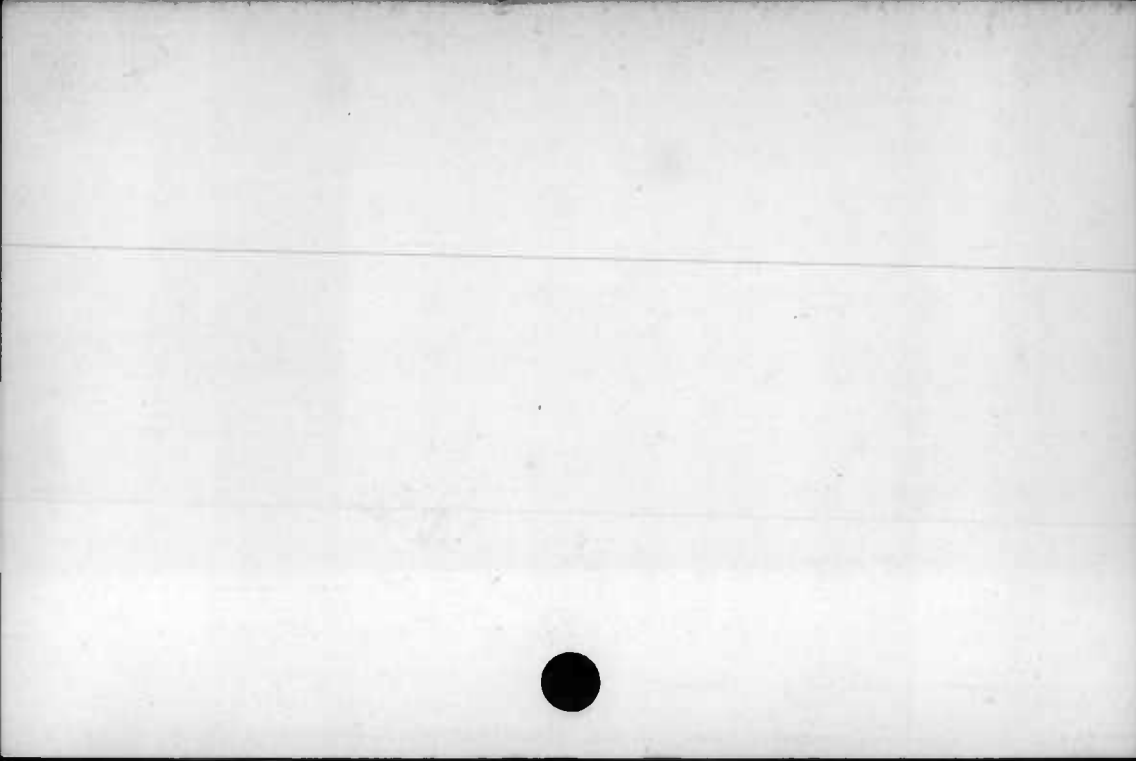
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Shady Side</i>		Town <i>AA</i>		County <i>AA</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>May</i>	Day <i>28</i>	Age <i>1</i>	Years <i>1</i>	Months <i>1</i>	Days <i>14</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Shady Side Md</i>				
Occupation <i>None</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>William Smith</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Rachel Horte</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Clarence Johnson</i>		How related to deceased <i>Friend</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enterocolitis</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>2 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. J. Drak</i>
	Address <i>Churchton</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

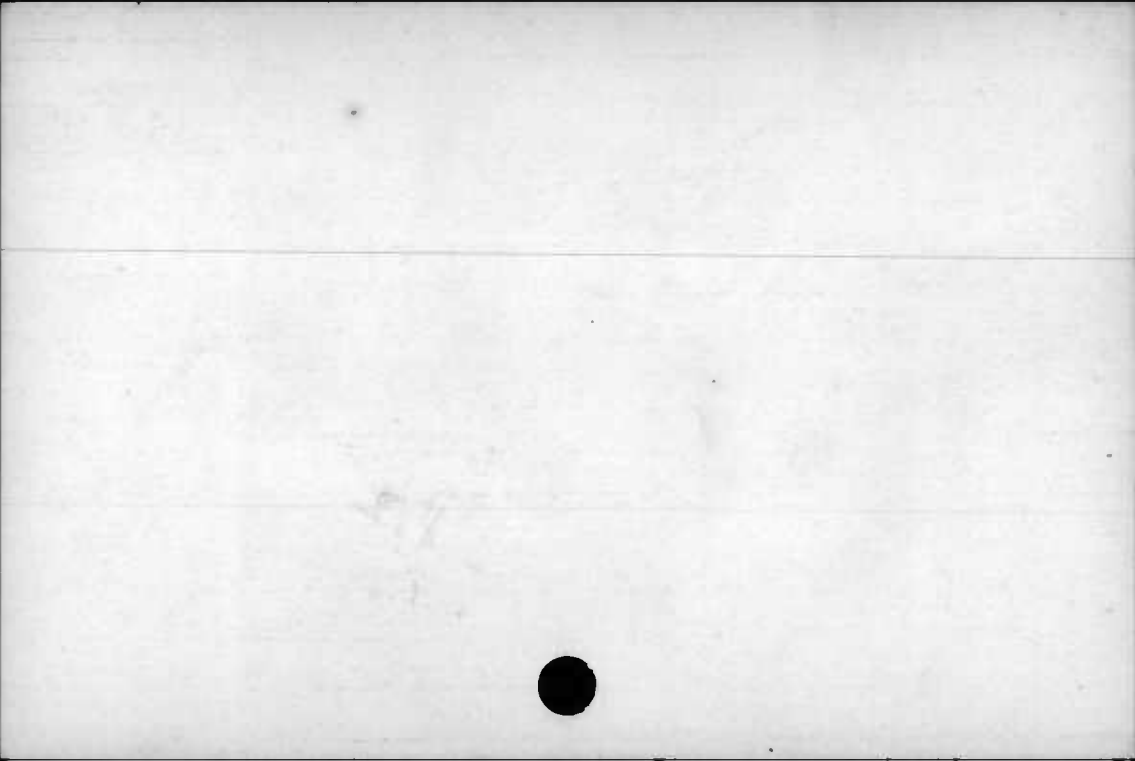
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full William Smith			County Anne Arundel			State MARYLAND		
Died at West-Annapolis			Town Annapolis					
Date of death 1908		Month 5	Day 3	Age 55	Years 11	Months 11	Days	
Sex Male		Color or Race White		Birth-place England				
Occupation Blacksmith				Where Residing if not at place of death —				
Married, Single or Widowed Married		Name of Wife or Husband Ann Smith						
Father's Name Mr. Smith				Father's Birthplace England				
Mother's Maiden Name				Mother's Birthplace England				
Name of person giving information Enoch Smith				How related to deceased Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cirrhosis of Liver	How long	Several years.
Immediate	Asthma & Emphysema	How long	Several months.
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician F. H. Thompson M.D.	
		Address Annapolis, Md.	
Accident or Suicide? No			



Name
in
Full

Henry Spencer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	190 <i>1</i>	Month <i>May</i>	Day <i>27</i>	Age <i>68</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Col</i>		Birth-place <i>West River</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Betty Spencer</i>			
Father's Name <i>—</i>			Father's Birthplace		
Mother's Maiden Name <i>—</i>			Mother's Birthplace		
Name of person giving information <i>Joseph Spencer</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Accidentally drowned</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Charles G. Feldmeyer</i>
	Address <i>Acting Coroner, Annapolis Md.</i>
Accident or Suicide?	

2



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Stevens</i> <i>Campsville</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	1905	Month	May	Day	8
Age	Stillborn		Years	Months	Days
Sex	Female		Color or Race	Colored	
Occupation			Birth-place	Anne Arundel	
Where Residing if not at place of death			Campsville Md.		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			William Stevens		
Mother's Maiden Name			Fannie E. Lane		
Name of person giving information			Louis Lane		
Father's Birthplace			A.A.C.		
Mother's Birthplace			A.A.C.		
How related to deceased			Daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still-born	How long	8
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		John Ridout	
Accident or Suicide?		Address	
		St. Johns	



Name
in
Full

Wm Stewart

CERTIFICATE OF DEATH

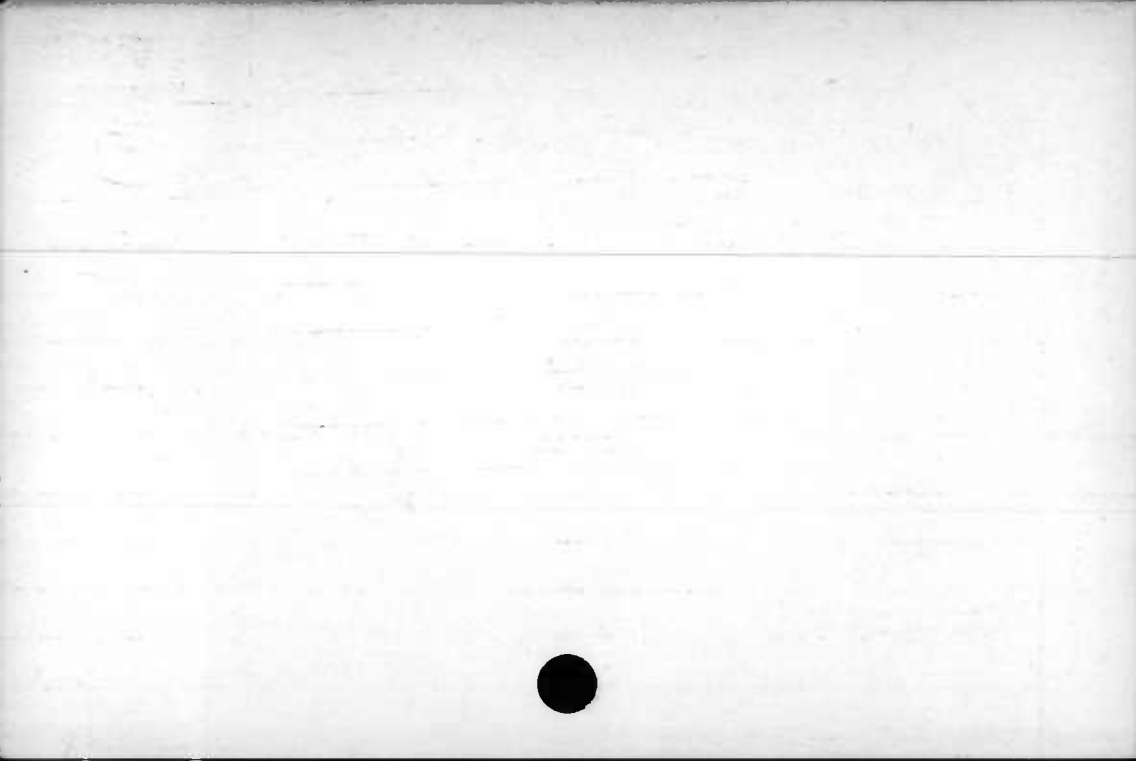
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Handley</u> ^{Town}		<u>Alecomity</u> ^{County}		<u>MARYLAND</u>	
Date of death	<u>1905</u> ^{Month}	<u>May</u> ^{Day}	<u>18</u> ^{Years}	Age <u>85</u> ^{Months}	<u>4</u> ^{Days}
Sex	<u>Male</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Alecomity</u>
Occupation	<u>Farmer</u>		Where Residing If not at place of death		
<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single	Name of Wife or Husband		<u>Sophia Stewart</u>		
Father's Name	<u>Nath Stewart</u>		Father's Birthplace	<u>Aleco</u>	
Mother's Maiden Name	<u>Not known</u>		Mother's Birthplace	<u>Aleco</u>	
Name of person giving information	<u>Walter Johnson</u>		How related to deceased	<u>Wife</u>	

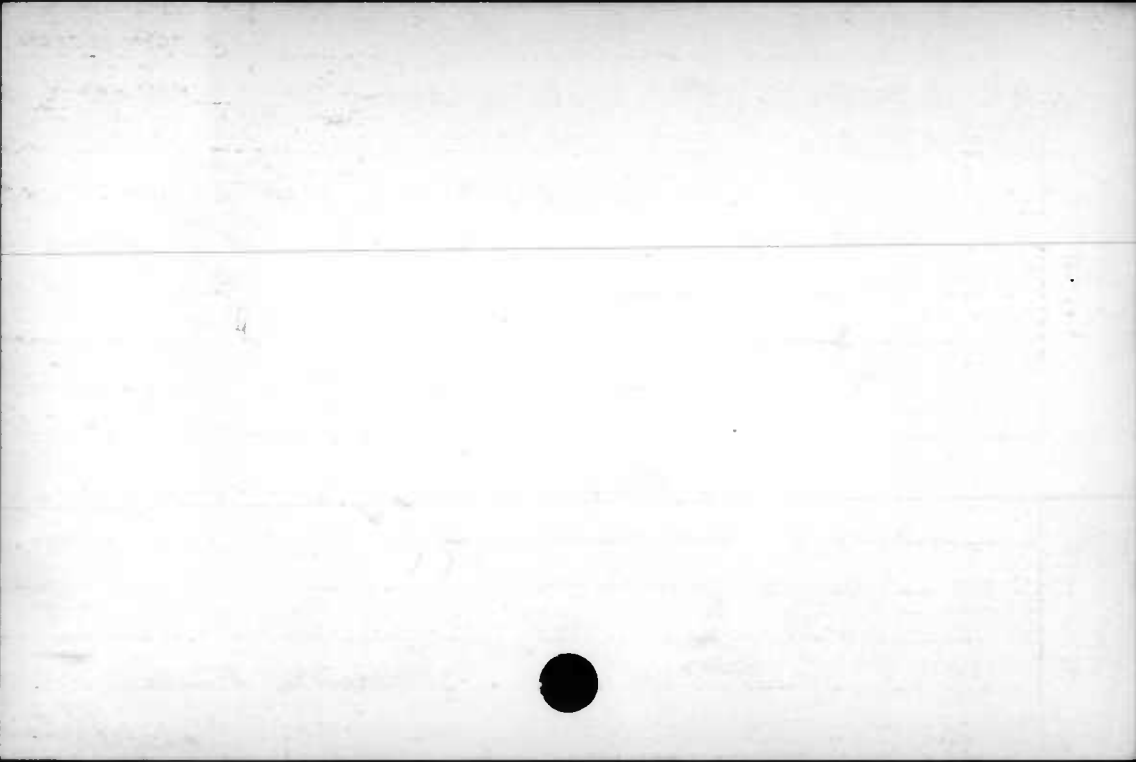
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Encephalitis</u>	How long	<u>74</u>
Immediate	<u>Encephalitis</u>	How long	<u>74</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Thos J. Brown</u>		
	Address <u>West Virginia</u>		
Accident or Suicide?	<u>No</u>		



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	John Henry Thomas		Conway		Annandale
	Town		County		MARYLAND
	Died at		Date of death		1905
	Month		Day		18
	Age		Years		13
	Sex		Color or Race		African
	Occupation		Where Residing if not at place of death		Conways
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Joseph Thomas		Father's Birthplace	
Mother's Maiden Name		Mary Matthews		Mother's Birthplace	
Name of person giving information		Joseph Thomas		How related to deceased	
				Father	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary		Tuberculosis		How long
	Immediate		Exhaustion		How long
	Are the name, age, sex, color, date and place correctly given above?		yes		3 Years
			Signature of Physician		one day
			Address		W L DuBois MD
				Gambrills	
				Old	
Accident or Suicide?					



Name
in
Full

John Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} South River^{County} Anne Arundel

MARYLAND

Date of death 1905 May

Day 28

Age 70

Months

Days

Sex Male

Color or
Race

Colored

Birth-
place

Maryland

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
HusbandFather's
Name

Unknown

Father's
BirthplaceMother's
Maiden Name

Unknown

Mother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Heart weakness

How long

2 yrs

Immediate

Heart failure

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

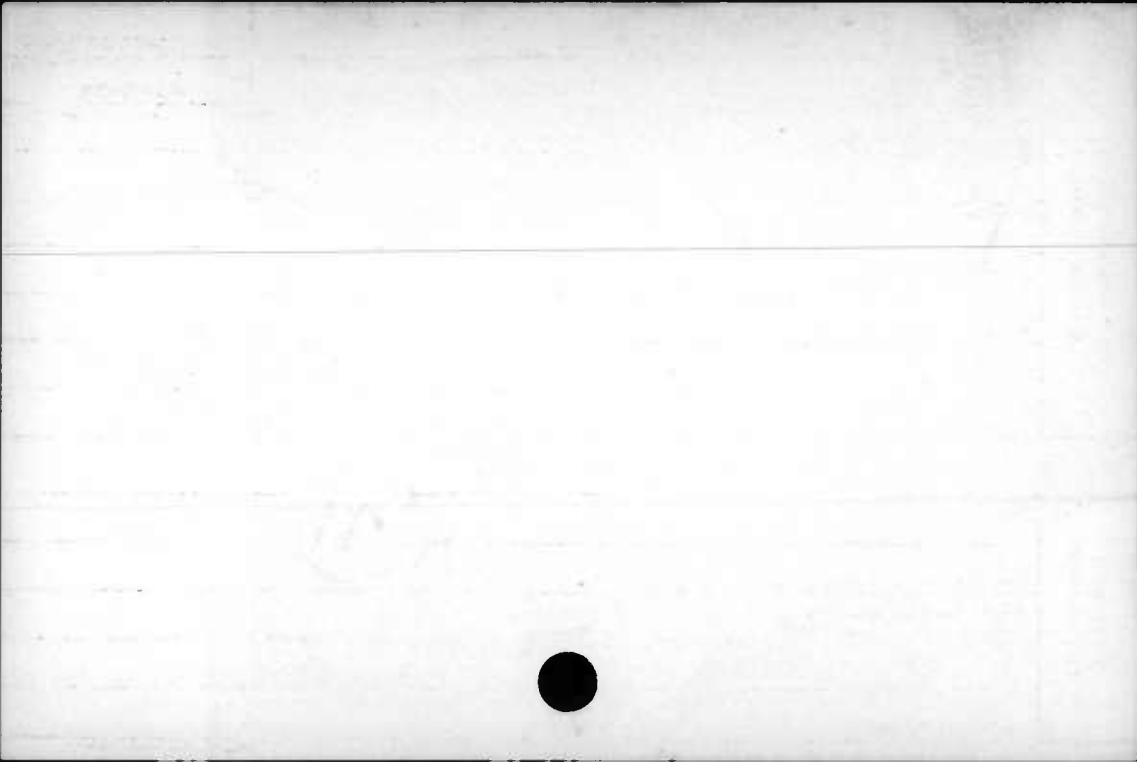
John Collins

Address

South River

Accident or Suicide?

Md.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

J. Herman B. Vorsteg		Town		County		MARYLAND	
Died at		Annapolis		C.C. Co.			
Date of death		1905	Month	May	Day	31	Age
					Years	70	
					Months	5	Days
						6	
Sex		Male		Color or Race		White	
Birthplace		Germany					
Occupation				Where Residing if not at place of death			
Supt. Life Ins. Co.							
Married, Single or Widowed		Married		Name of Wife or Husband		Mary C. Vorsteg	
Father's Name		don't know				Father's Birthplace	
						Germany	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information		Geo. T Vorsteg				How related to deceased	
						Son	

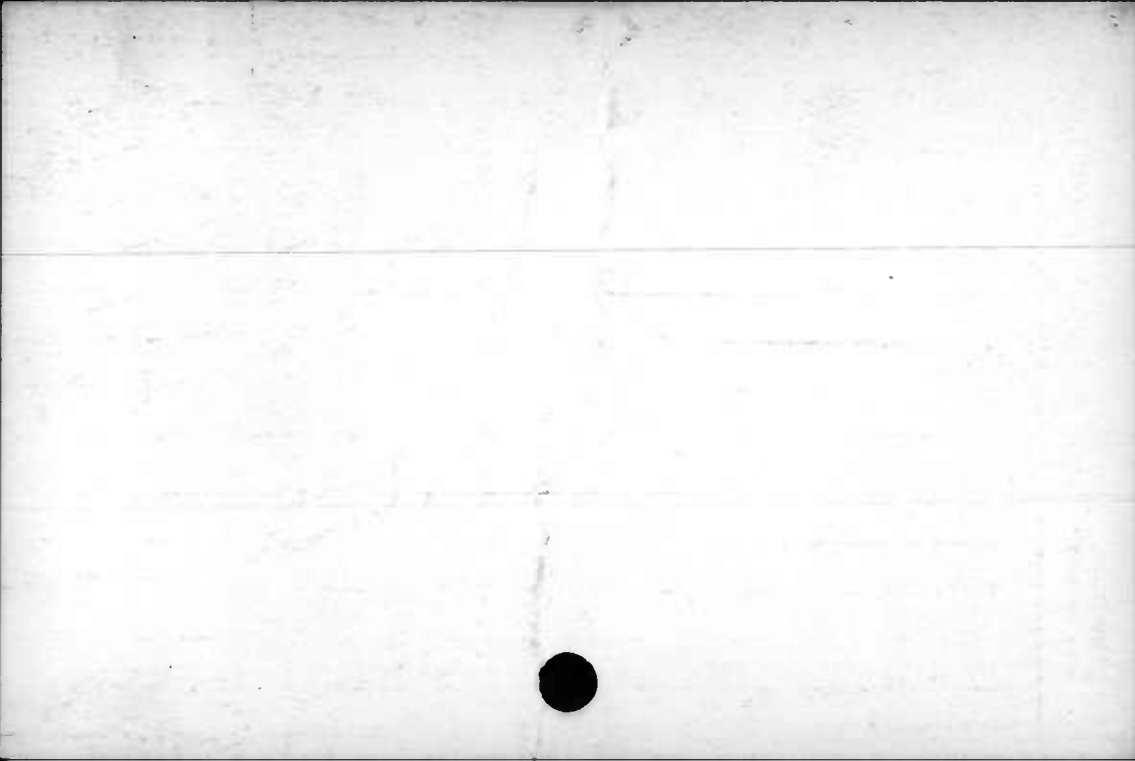
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Valvular Dis Heart		How long		6 months	
Immediate		Exhaustion		How long			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
Yes				Geo Wells M D			
				Address			
				Annapolis			
				Md			
Accident or Suicide?							

h

Name in Full Rossanna Wallace		CERTIFICATE OF DEATH	
Died at Gambrells <small>Town</small>		Anne Arundel <small>County</small> MARYLAND	
Date of death 1905	Month 5	Day 10	Age 84
Sex Female	Color or Race African	Birth-place Gambrells	Months 11 Days 11
Occupation Domestic	Where Residing if not at place of death -		
Married, Single or Widowed Widow	Name of Wife or Husband Charles Wallace		
Father's Name Charles Smith	Father's Birthplace Gambrells		
Mother's Maiden Name Don't know	Mother's Birthplace Don't know		
Name of person giving information Edwin Wallace	How related to deceased Son		
CAUSES OF DEATH			
Primary	Paralysis		How long one year
Immediate	Exhaustion		How long one night
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician J. M. DuBois M.D.
			Address Gambrells Md
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		County <i>Art</i>		MARYLAND	
Date of death	1905	Month	May	Day	6 th
Age		Years		Months	8 days
Sex	Male	Color or Race	Colored	Birth-place	Annapolis
Occupation		Where Residing if not at place of death			

Married, Single or Widowed	Name of Wife or Husband
-------------------------------	----------------------------

Father's Name Wm Ch Wells

Father's Birthplace *Chennai, India*

Mother's
Maiden Name *Edna Lee*

Mother's Birthplace *Anna*

Name of person giving information *C. H. [illegible]*

How related
to deceased

CAUSES OF DEATH

Primary	congenital glaucoma	How long	since Birth
		How long	

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
COR-CORNER

